Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010325	A. BUILDING: _____ B. WING _____	C 04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CASA	E8509 N REEDSBURG RD REEDSBURG, WI 53959

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 04/22/2026, Surveyor conducted a complaint investigation at Country Casa, a CBRF in Reedsburg. One deficiency of Chapter DHS 12 was identified. The complaint was substantiated. Census: 4	N 000		
Z 035	DHS 12.07 (3) RESIDENCY OR SIGNATORY CHANGE When a person begins residing at or is expected to reside at an entity, or the signatory for licensure changes, the entity shall, as soon as possible, but no later than the regulatory agency's next business day, report the residency, expected residency, or signatory change to the agency that gave regulatory approval ...., and submit to the regulatory agency a completed background information disclosure form for the new nonclient resident or new signatory. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the department was updated when a non-client resident moved in. The provider did not update the department when Person B moved into the facility in November 2025. Findings include: On 04/22/2026, Surveyor conducted a complaint	Z 035		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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Z 035	Continued From page 1 investigation alleging the provider had non-client residents residing at the facility. On 04/22/2026 at approximately 8:20 a.m., Surveyor interviewed Caregiver C. Caregiver C stated Person B had been residing in the lower level of the facility for approximately 6 to 8 months. When asked why Person B moved in, Caregiver C replied, "[S/he] just needs somewhere to go." Caregiver C stated Person B would visit with residents outside on the deck or help staff with non-resident care tasks if needed. On 04/22/2026 at 8:45 a.m., Surveyor interviewed Licensee A regarding Person B. Licensee A stated s/he believed Person B moved into the lower level of the facility around November 2025. Licensee A stated Person B was not an employee of the facility and there was no formal contract with Person B. Surveyor requested Licensee A's notification to the department regarding Person B residing at the facility. On 04/22/2026 at approximately 9:30 a.m., Licensee A provided Surveyor a copy of his/her biennial report, dated 04/04/2026, that listed Person B as a non-resident residing in the home. Surveyor asked Licensee A to clarify when Person B moved into the home. Licensee A stated s/he would guess the 1st part of November 2025 based on when s/he completed Person B's background checks. Surveyor asked Licensee A if s/he updated the department regarding Person B's move in at the time of Person B's move in. Licensee A replied, "No," and stated s/he was pretty relaxed on record keeping.	Z 035		